

## Information Request Form

Pursuant to the Family Educational Rights and Privacy Act (FERPA), the University will not disclose a student's educational records without the written consent of the student except to the University officials with legitimate educational interests, and directory information, as designated by the University, under section 438(a)(5)(8).

Requestor:  Date of Request:

Email Address:  Phone:

Address:

Intended Use of Information:

**Information Needed** (Be specific with your request, indicate all applicable information for your request):

Date Needed By:  Term & Year:

Level:  Undergraduate  Graduate

Major(s):  Minor(s):

Sort By:  Last Name  Major  Minor  Other

Output Disposition:  Email  Mail  Other

**Additional Information to be included** (e.g., fields you would like on the list, the format of the report):

Requesters will be subject to signing an Agent/Contractor FERPA agreement form prior to receiving the information request.

**For Office Use Only**

Date received by:  Date completed:

Received via:  Email  Campus Mail  U.S. Mail  Phone  Fax  Person

Requestor:  Faculty  Staff  Student  External | Number of Labels:

Number on List:  X \$0.25=